

**ISSUE: Florida Managed Medical Assistance Program 1115 Waiver
(known at the department as the Healthy Start Waiver and SOBRA services)**

Legislation that became law July 1, 2011, Chapter 409, Part IV, Medicaid Managed Care and more specifically section 409.975, F.S. entitled: MomCare Network; **Responsible agency** is the Agency for Health Care Administration (AHCA).

What does the statute do and when is it to take effect?

- This portion of the statute takes effect July 1, 2014

The statute requires AHCA to:

- contract with an administrative services organization (ASO) representing all Healthy Start Coalitions (HSC)
- the ASO shall require the coalitions to provide counseling, education, risk-reduction and case management services, and quality assurance for all enrollees of the Waiver and SOBRA services

Because this is part of Florida's Medicaid Managed Care Plan there are also directives to the managed care plans:

- The managed care plan shall establish specific programs and procedures to improve pregnancy outcomes and infant health, including, but not limited to, coordination with the Healthy Start program, immunization programs, and referral to the Special Supplemental Nutrition Program for Women, Infants, and Children, and the Children's Medical Services program for children with special health care needs
- Each plan's programs and procedures shall include agreements with each local Healthy Start Coalition in the region to provide risk-appropriate care coordination for pregnant women and infants, consistent with agency policies and the MomCare network.
- Each managed care plan must notify the agency of the impending birth of a child to an enrollee, or notify the agency as soon as practicable after the child's birth.

MOMCARE NETWORK.—

(a) The agency shall contract with an administrative services organization representing all Healthy Start Coalitions providing risk appropriate care coordination and other services in accordance with a federal waiver and pursuant to s. [409.906](#). The contract shall require the network of coalitions to provide counseling, education, risk-reduction and case management services, and quality assurance for all enrollees of the waiver. The agency shall evaluate the impact of the MomCare network by monitoring each plan's performance on specific measures to determine the adequacy, timeliness, and quality of services for pregnant women and infants. The agency shall support this contract with certified public expenditures of general revenue appropriated for Healthy Start services and any earned federal matching funds.

(b) Each managed care plan shall establish specific programs and procedures to improve pregnancy outcomes and infant health, including, but not limited to, coordination with the Healthy Start program, immunization programs, and referral to the Special Supplemental Nutrition Program for Women, Infants, and Children, and the Children's Medical Services program for children with special health care needs. Each plan's programs and procedures shall include agreements with each local Healthy Start Coalition in the region to provide risk-appropriate care coordination for pregnant women and infants, consistent with agency policies and the MomCare network. Each managed care plan must notify the agency of the impending birth of a child to an enrollee, or notify the agency as soon as practicable after the child's birth.

Link to the F.S.

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0409/Sections/0409.975.html

What does this mean for DOH/CHDs?

- Currently the funding for Waiver and SOBRA services is allocated to the HSCs through a contract between the DOH and the HSC (“the Waiver and SOBRA contracts”) and this will no longer occur
- The ASO will enter into a contract with AHCA to provide the Waiver and SOBRA services to Medicaid clients
- The HSCs will continue to contract with their chosen subcontractors
- Care Coordination will continue to occur and the HSCs will be expected to liaison with the managed care plans

What does this mean for the Healthy Start Program?

- The department will continue to be responsible for the Healthy Start Program components and the components of how Healthy Start is implemented have not changed
- The Healthy Start Standards and Guidelines will be revised to include the update on the ASO and AHCA
- The department will allocate funding to the HSCs through a contract for the provision of services to clients who are not enrolled in Medicaid (any service a Medicaid client is eligible for, a non-Medicaid client will also be eligible for and vice versa)
- The DOH contract with each HSC will provide for the infrastructure of the coalitions and services to participants not enrolled in Medicaid
- The department’s contract with the HSCs will fund two additional focus areas: interconception services for high risk women and meeting the needs of substance abusing women (these services will be provided regardless of payor source, since Medicaid does not cover interconception services)
- The Prenatal and Infant screening process and procedures remain as is
- Collection of prenatal screening data and entry into the HMS at the local DOH/CHD remains as is

What does this mean for HS clients?

- The transition should be seamless for the client
- Medicaid clients will have a medical home with the managed care plan
- A Medicaid client will be a SOBRA (MomCare) client for 120 days instead of the entire pregnancy

The Medicaid Managed Care Plans is a phased in approach – how will this affect the ASO and MomCare?

- This is yet unknown

Email Communication

From: Street, Phil
Sent: Friday, March 28, 2014 2:18 PM
Subject: RE: Healthy Start and Medicaid Insurance

Is there a particular Medicaid code like MU for Presumptive Eligibility for Pregnant Women (PEPW) that we are suppose look for? Or is it any Medicaid eligibility for date range of HS services? How will billing be done?

Effective July 1 with the handoff of the Healthy Start Medicaid Waiver from DOH to AHCA, HS staff must obtain a Medicaid ID for clients in order for the new HS Administrative Services Organization to bill Medicaid and get paid (we are currently able to bill if we have either a SSN or a Medicaid recipient ID but Medicaid will no longer take the SSN come July 1).

From a practical perspective I recommend we adopt the policy that if a recipient has eligibility in any Medicaid program at all go ahead and include that recipient ID in the data collection. If it turns out the client has coverage in one of the few programs that isn't reimbursed through the Healthy Start Waiver the claims adjudication process will catch this and not pay due to the eligibility category. I think there are too many program codes and it would be too confusing to try to train staff on which codes are eligible for reimbursement and which ones aren't. Most are, and if one is not Medicaid's edits will catch it. Keep it simple – if they have Medicaid eligibility in any program at all go ahead and grab that number and record it in the client data.